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BIBDATASHEET

CONFIRMATION NO. 7233

Bib Data Sheet

SERIAL NUMBER 10/054,563	FILING DATE 01/22/2002 RULE	CLASS 707	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. CAS 01-1-2
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APPLICANTS

Michael E. Garrean, Omaha, NE;

** CONTINUING DATA *****

This appln claims benefit of 60/332,823 11/14/2001

** FOREIGN APPLICATIONS *****

Yes *JB*
 None *JB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NE	SHEETS DRAWING 2	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature <i>Jerry [Signature]</i> Initials <i>JB</i>				

ADDRESS

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 SUITE 220
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TITLE

System and method for identifying records with valid address, but invalid name information

FILING FEE RECEIVED 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 7233

SERIAL NUMBER 10/054,563	FILING DATE 01/22/2002 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. CAS 01-1-2	
APPLICANTS Michael E. Garrean, Omaha, NE; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/332,823 11/14/2001 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/21/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NE	SHEETS DRAWING 2	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
ADDRESS 23531					
TITLE System and method for identifying records with valid address, but invalid name information					
FILING FEE RECEIVED 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		